

Please type a plus sign (+) inside this box →

+

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)	Attorney Docket Number	PC10755AJTJ
	First Named Inventor	William J. Curatolo
	COMPLETE IF KNOWN	
	Application Number	To Be Assigned
	Filing Date	Herewith
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Pharmaceutical Compositions Providing Enhanced Drug Concentrations

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/171,841	December 23, 1999	

EXPRESS MAIL NO. 96 63394085US

Please type a plus sign (+) inside this box →

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
or

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Paul H. Ginsburg	28,718
Allen J. Spiegel	25,749	Mark Dryer	28,775
J. Trevor Lumb	28,567	Lawrence C. Akers	28,587
James T. Jones	30,561	A. Dean Olson	31,185
Gregg C. Benson	30,997	Mervin E. Brokke	32,723
Robert F. Sheyka	31,304	Valerie M. Fedowich	33,688
Grover F. Fuller Jr.	31,760	Bryan C. Zielinski	34,462
Karen DeBenedictis	32,977	Robert T. Ronau	36,257
Israel Nissenbaum	27,582	B. Timothy Creagan	39,156
Lorraine B. Ling	35,251	Alan L. Koller	37,371
Garth Butterfield	36,997	Jolene W. Appleman	35,428
Carl J. Goddard	39,203	Kristina L. Konstas	37,864
Raymond M. Speer	26,810	Gregory P. Raymer	36,647
Jennifer A. Kispert	40,049	Jacob M. Levine	32,509
Martha A. Gammill	31,820	Seth H. Jacobs	32,140
Roy F. Waldron	42,208	E. Victor Donahue	35,492
Steven W. Collier	42,429	Todd M. Crissey	37,807
Deborah A. Martin	44,222		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc., MS 4159				
Address	Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	USA	Telephone	860-441-4903	Fax	860-441-5221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
William J.		Curatolo			
Inventor's Signature	<i>William J. Curatolo</i>			Date	12-18-00
Residence: City	Niantic	State	CT	Country	USA
Post Office Address	18 Patrick Place				
Post Office Address	same				
City	Niantic	State	CT	Zip	06357
				Country	USA

☐ Additional inventors are being named on the ___ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

0042752460

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))			Family Name or Surname				
Ravi M.			Shanker				
Inventor's Signature	<i>Ravi M. Shanker</i>				Date	12/14/00	
Residence: City	Groton	State	CT	Country	USA	Citizenship	India
Post Office Address	600 Meridian Street Ext. Apt 816						
Post Office Address	same						
City	Groton	State	CT	Zip	06340	Country	USA
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))			Family Name or Surname				
Walter C.			Babcock				
Inventor's Signature	<i>Walter C. Babcock</i>				Date	12/14/00	
Residence: City	Bend	State	OR	Country	USA	Citizenship	USA
Post Office Address	64815 Laidlaw Lane						
Post Office Address	same						
City	Bend	State	OR	Zip	97701	Country	USA
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))			Family Name or Surname				
Dwayne T.			Friesen				
Inventor's Signature	<i>Dwayne T. Friesen</i>				Date	12/15/00	
Residence: City	Bend	State	OR	Country	USA	Citizenship	USA
Post Office Address	60779 Currant Way						
Post Office Address	same						
City	Bend	State	OR	Zip	97702	Country	USA
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))			Family Name or Surname				
James A. S.			Nightingale				
Inventor's Signature	<i>James A. S. Nightingale</i>				Date	12/07/00	
Residence: City	Bend	State	OR	Country	USA	Citizenship	USA
Post Office Address	PO Box 8026						
Post Office Address	same						
City	Bend	State	OR	Zip	97702	Country	USA
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))			Family Name or Surname				
Douglas A.			Lorenz				
Inventor's Signature	<i>Douglas A. Lorenz</i>				Date	12/14/00	
Residence: City	Bend	State	OR	Country	USA	Citizenship	USA
Post Office Address	61332 S. E. King Jehu Way						
Post Office Address	same						
City	Bend	State	OR	Zip	97702	Country	USA